215037263 59943			State of Nebraska Investigator's Motor Vehicle Accident Report Sheet 1 of 2															2		
1	1 Total Number		Local No./ District 012 Case B5-084106										I	HIT & RUI		NVESTIGATION MADE AT SCENE?				
A/1	of Vehi		O12 Case No. B5-084106											(In Mi	_	YES X NO STATE USE ONLY			1	
01	DATE OF ACCIDENT	09/1			TH F S TIME OF ACCIDENT				DF	1200	0.7112 00	_ 0.1.								
A/2	ACCIDENT		POLICE						E	1225										
	PLACE COL		Y Lancaster NOTIFIED											1223	09/11	/201	15			
В	ACCIDENT	CITY	Lincoln											PRIVATE PROPER		LATITUDE				
65	ROAD O													ONE-WAY						
с 1	DISTANCE	FROM							HIGHWAY				IWAY		LONGITUE	LONGITUDE				
D	MILEPO	151	IF A	AT INTERSE	ECTION			1			F NOT	AT IN	ΓERS	ECTION						
1		NAN							FEET MILES N S E				E	W OF N	EAREST STREE	T, BRIDGE	BRIDGE, RAILROAD CROSSING			
V1/M	N 48th a	an Fre	nt																	
20	MILES			IF N S E	w AND	WAS OUTS	SIDE CI		-i	INDIC E W	/ OF N	EAREST		ROM NEAR	REST TOWN					_
V2/M					MILES						CITY	OR TOV	/N							
E	R. WORK R1			R3 R4	S. PEDE	STRIAN SIFICATION	S1	S2	S3	S4		S5-b		S6-b	DOES ACCID STATE DEPT.		OF ROADS' PR			
1	CODES	1				codes 01 1			1	1 01			1		○YI	s 🗶	S X NO			
F								VE	HICI	LE N	0. 1									
1	DRIVER LICENSE		NO.												STATE (Of License)			- x	FEMALE MALE	
V1/N	DRIVER											PHONE				LOCAL N	Э.			
2 V2/N	DRIVER ADDRE	ESS				CITY,	STATE, Z	ZIP				ı			DATE OF BIRTH (MM / DD / YYY					V1/1
VZ/IN	OWNER			_								PHONE			(MM / DD / YYY	LOCAL N	O.			15
G	H&R OWNER ADDRI		CITY, STATE, ZIP CITATION YES CITATION NO.														V1/2			
4	UNK	Siri, Sirit, Zii												○ PEND						
Н	LICENSE PLATE		NO.	UNK										YEAR ate Expires)			STA (Of Pl			
5	VEHICLE		ΥI	EAR	MAKE Unknow		MODEL				DY STYI	LE		color white		STIMATED TOTALE		E		V1/4
V1/O 5	VEHICLE ID	Τ'	OTINIOWIT OUR												E COMPANY	<u> </u>				V1/5
V2/O	NO. (VIN) TOWED TO		TOWED BY POLICY NO.										15							
														V1/6 35						
1	DRIVER	VEHICLE NO. 2 STATE (Stringer) SEX FEMALE																		
V1/P	LICENSE			10.						PHONE				(Of License)		LOCAL N	LOCAL NO.			_
8	DDIVED ADDD	-00		CITY, STATE, ZIP																
V2/P	DRIVER ADDRI	=55		OIT, SIMIE, AIF											DATE OF BIRTH (MM / DD / YYY	Y)				
	OWNER										PHONE						LOCAL NO.			
J 01	OWNER ADDRI	WNER ADDRESS CITY, STATE, ZIP												ITATION	CITATION	CITATION NO.				
V1/Q	LICENSE												_	PEND YEAR	NG NO		STA	TE		V0/4
4	PLATE	YEAR	NO.		MAKE		MODEL			ВО	DY STYI	LE	(Pla	color		STIMATED	(Of PI	′		V2/4
V2/Q	VEHICLE															TOTALE				V2/5
К	VEHICLE ID NO. (VIN)													INSURANC	E COMPANY					V2/6
02	TOWED TO	'	TOWED BY							POLICY				POLICY NO	OLICY NO.					
	(Comp	lete	this se	ection fo	r all in	jured	per	son	s				DATE	OF BIRTH	1	2	3 Dady		5 ans. MF
(Complete a continuation report, if more than three were in VEH. # NAME ADDRESS						ere inju	red)	(MM / DD / YY					DD / YYYY)	Seat Position	Eject	Body Region	Injury Sev. Tr			
	Tyler g Middleton 3833 N 56th, Lincoln, NE 68516											0	6/02/19	19		07	3 1	I M		
0	100 NO. 06-02-19									N REPO	ORT NO.		_							
VEH. #						DDRESS	-		1											
	LOCAL NO.		MEDI	CAL FACILITY N	NAME				EMS	SERVI	CE NAME					EMS RU	N REP	ORT NO.		
VEH. #	NAME				Al	DDRESS														
	LOCAL NO. MEDICAL FACILITY NAME							EMS SERVICE NAME							EMS RU	EMS RUN REPORT NO.				

